DIANOVA INTERNATIONAL

Pasaje Serra Santa 15A, 1° 3ª – E 08860 Castelldefels, Barcelona
T. + 34 93 636 57 30 – benjamin.lopez@dianova.org – www.dianova.org

RESEARCH AND DEVELOPMENT

Therapeutic Alliance in Central and Eastern Europe

In the countries of Central and Eastern Europe we are witnessing a worrying phenomenon in terms of drugs abuse, but a hopeful one in terms of the network providing help for substance abusers and their environment. The therapeutic alliance that reached Western Europe and the Americas late, is now being achieved in these countries: they are suffering from a strong epidemic of intravenous heroin consumption and a fast spread of HIV. This circumstance, linked to an injection of liquidity from the UN, the WHO, World Bank and European Commission into the Public Administrations of the CEE countries, means that the schemes that are used to implement the network (substitution programmes, residential and non-residential programmes, harm reduction, etc.), suffer long waiting lists, the demand for treatment far exceeding the help available. This fact is forcing all those intervening in the Network towards an inevitable *therapeutic alliance*. "The appearance of programmes in Bulgaria is developing far below the growing demand for treatment as far as outpatient schemes, hospital detoxification, residential drugs-free and substitution schemes are concerned".*

Development is different in each country, but all share the fact that they are close to the drugs trafficking routes for opium from Asia and have insufficient experience regarding the problem of polyconsumption linked to industrial development, given their past linked to the satellite countries of the dismantled USSR.

The case of Slovenia is similar to that of Bulgaria. "In the EU countries the age of IV users is increasing and the number of patients with this consumption pattern decreasing, whilst in Central Europe, neither the age nor the proportion of users that practise this type of consumption or usage is decreasing"**.

In Slovenia, "the average age for treatment demand is 21 years and the average duration of the addiction is 50 months"***. These data can be extrapolated to the majority of the CEE countries.

One of the characteristics that illustrates what was said in the first paragraph, and that is backed by the experience of the errors committed in the EU, is the fast evaluation of substitution programmes, as in the case of Poland, a country in which a recent evaluation of the level of satisfaction of users on MMPs, "warned of the need to steer at least 50% of them towards abstinence, if they wanted to give up their addiction and not end up chronified within the network"(Karakiewicz, B. Slovenia, 2002). We would be talking about a new concept, *Reducing the Harm in Harm Reduction*, as an intervention that receives funding and resources for implementation.

* KRASTEVA, D. Et al. "First attempt for establishment of a municipal service on drug problems in Bulgaria" Ed. 13th International Conference on the Reduction of Drug Related Harm, Slovenia, 2002. Summary of papers, p.127.
** LOVRECIC, M. "Comorbidity and Differences among outpatient heroin addicts". Ed. 13th International... Plenary Paper, Tuesday 5.3.2002.
*** Ibid

As for policies on drugs issues that are meeting up in this same geographical area, we found that the WHO, with UN and World Bank backing, has decided to opt to support Harm Reduction and the safeguarding of patients' rights. Consequently, it supports numerous projects along the lines indicated (needle exchange, handing out of condoms, and education for consumption with fewer risks...) whilst funding *associations of users in treatment*, which work as platforms for the dissemination of the key messages in International Harm Reduction. In this way, user satisfaction is the key support for this line of intervention, which turns out to be as necessary in the international network as it is economical in terms of funding, indisputably cheaper than rehabilitation, whether in residential or non residential treatments.

This has generated positive pressure on the TCs that operate in the area, as they have had to contemplate the option of becoming professional or ending up outside the network. The example most worthy of highlight is that of Poland, with the MONAR therapeutic communities network, which, having become professional, harshly criticises TCs that continue offering in their facilities a programme based on "shovel therapy"****.

By way of a conclusion, we observe a "substance abuse territory" where efforts are being made to correct the most prominent errors made in intervention in the heroin epidemic suffered by Western Europe in the 1980s, where every treatment was born as the hoped-for panacea that would end up leaving its network partners in the dry dock.

In the CEE countries, the alarming level of demand for treatment is generating a holistic design for multi-care networks, which although it is encountering financial obstacles to its development, on a technical level is taking the measures necessary to successfully quell an alarming amount of intravenous heroin use, the spread of HIV and an incipient, but already detected by consumption indicators, abuse of amphetamine derivatives and other synthetic drugs, in some of the most developed urban centres.

Dr. Benjamín López,
Research and Development,
Dianova International.

**** CHARMAST, J "Violence in Drug-Free Treatment in Therapeutic Communities" Ed. 13th International Conference... Slovenia, 2002. Summary of Papers, p. 54.